	Department of the Treasury		Request Number
Form 4564	Internal Revenue Service		
	Information Document Request		1
To: (Name of Taxpayer and Company, Division or Su		Subject:	
Branch)		XXX1 Federal Tax Return	
Jack & Susan Anson		Submitted to:	
		Jack & Susan Anson	
		Dates of Previous Requests:	
		None	

Description of Documents Requested:

Please provide the following information at our appointment:

Schedule C - Advertising Expenses

Cancelled checks, bills, or receipts to verify advertising expenses claimed on the return.

Schedule C – Gross Receipts

All books, journals, ledgers and workpapers used in determining gross receipts.

All bank statements, cancelled checks, and deposit slips (both business and personal, savings and checking) for the 14 month period from December 1, XXX0 to January 31, XXX2.

Records of all savings and invested funds for the year (savings accounts, money markets, CD's, etc.)

Records of all business and personal loan activity proceeds and payments.

Purchase invoices or closing statements covering acquisition and disposition of capital items, business and personal. This includes real estate, automobiles, machinery and equipment.

Information on any nontaxable income received, such as Social Security benefits, gifts, inheritances, insurance proceeds and transfers between bank accounts.

Copies of state sales tax returns filed for year XXX1.

Any and all workpapers used in the preparation of your return. This would include worksheets, log books, notebooks, or any written documentation that shows your computations.

Schedule A – Contributions

Written statement from the charitable organization or church of the amount of contribution and distinguish between goods and services if the amount exceeds \$75.

Informati	on Due By 6/15/XXX3	At Next Appointment X Mail In	
	Name and Title of Req	uestor	Date:
	James Kelly	Employee ID: 36-11111	June 1, XXX3
	Internal Revenue Agent		
FROM	Office Location:		
	123 Harvard	Phone: 309-555-5555	Page 1
	Anytown, US 55555	Fax: 309-555-5555	O

Form 4564 (Rev. 04/2004)

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			_
		None	

Description of Documents Requested:

For cash contributions of \$250 or more, provide a cancelled check, credit card statement or payroll check stub and a separate acknowledgement of the contribution from each organization.

For cash contributions less than \$250, provide a cancelled check, credit card statement or payroll check stub.

Provide a logbook of mileage if car is utilized for contribution activities along with the name of the organization.

For contributions other than money, name and address of the charitable organization; description of item(s) contributed; appraisal of the fair market value of each item on the contribution date; and original cost.

Provide a copy of Form 8283, Non-cash Charitable Contributions, if not attached to the return for all non-cash contributions over \$250.

Appraisal for item or group of similar items that exceed \$5,000 in fair market value.

A statement showing you were an official representative of the organization and the organization's reimbursement policy, if expenses were claimed for attending a convention or similar activity. Also, an itinerary or agenda for the activity.

General Items Requested

Summary of income and expenses used to prepare your tax return.

Please bring copies of your XXX0 and XXX2 Federal tax returns.

Form 940 and Forms 941 filed for the period beginning January 1, XXX1 to December 31, XXX1.

Forms W-2s and Form W-3 issued for XXX1.

Informati	on Due By	6/15/XXX3	At Next Appointment	X	Mail In	
	Name and Title of Requestor					Date:
	James Kelly Employee ID: 36-11111			11	June 1, XXX3	
	Internal Reve	enue Agent				
FROM	Office Loc	cation:				
	123 Harv	ard	Phone:	309-555-	5555	Page 2
	Anytown,	US 55555	Fax: 30)9-555-55	555	
T 4F(4/D 04/0004)						

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		Jack & Susan Anson	
		Dates of Previous Requests:	
		None	

Description of Documents Requested:

If you plan to be represented by your accountant, or other representative, a completed Form 2848, Power of Attorney, signed by you and the representative will be needed.

Note: This document request is not all inclusive and additional items may be requested. If additional items are needed, the reason for the request will be discussed when the item is requested.

Informati	on Due By 6/15/XXX3	At Next Appointment X Mail In	
	Name and Title of Requ	Date:	
	James Kelly	Employee ID: 36-11111	June 1, XXX3
	Internal Revenue Agent		
FROM	Office Location:		
	123 Harvard	Phone: 309-555-5555	Page 3
	Anytown, US 55555	Fax: 309-555-5555	O
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